

**2017 Economic Census**  
HC-62113 - Office of Physicians and Other Health Practitioners

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Location Information

**DEFINITION OF ESTABLISHMENT**

The reporting unit for this questionnaire is an **establishment**. An establishment is generally a single physical location where business is conducted or where services or industrial operations are performed.

**MAILING ADDRESS**

ATTN		
Name 1		
Store/Plant		
Name 2		
Number and Street		
City, town, village, etc.	State Select State or Territory	ZIP Code 99999-9999

**PHYSICAL LOCATION**

Please update the physical location if needed.  
*(P.O. Box and rural route addresses are not physical locations.)*

Number and Street		
City, town, village, etc.	State Select State or Territory	ZIP Code 99999-9999

**For Census Bureau Use Only**

CFN	
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## 2017 Economic Census

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### Legal Boundary and Municipality

EIN:  
Store / Plant:  
CFN:

#### LEGAL BOUNDARY AND MUNICIPALITY

Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

- Yes
- No
- No legal boundaries
- Do not know

In what type of municipality is this establishment physically located?

- City, village, or borough
- Town or township
- Other
- Do not know

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Item 1: Employer Identification Number

EIN:  
Store / Plant:  
CFN:

### ITEM 1: EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) used on this establishment's latest 2017 Internal Revenue Service Form 941, Employer's Federal Quarterly Tax Return?

- Yes
- No

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Item 1: Employer Identification Number - Enter/Update EIN

EIN:  
Store / Plant:  
CFN:

### ITEM 1: EMPLOYER IDENTIFICATION NUMBER

What is this establishment's 9-digit Employer Identification Number (EIN) used on its latest 2017 Internal Revenue Service Form 941, Employer's Federal Quarterly Tax Return?

EIN
99-9999999

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Item 2: Ownership or Control

EIN:  
Store / Plant:  
CFN:

**ITEM 2: OWNERSHIP OR CONTROL**

Is your company owned or controlled by another domestic company?

- Yes
- No

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Item 2: Ownership or Control - Voting Stock Validation

EIN:  
Store / Plant:  
CFN:

### ITEM 2: OWNERSHIP OR CONTROL - VOTING STOCK VALIDATION

Does another domestic company own more than 50 percent of the voting stock of your company?

- Yes
- No

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Item 2: Ownership or Control - Management and Policy

EIN:  
Store / Plant:  
CFN:

**ITEM 2: OWNERSHIP OR CONTROL - MANAGEMENT AND POLICY**

Does another domestic company have the power to control the management and policies of your company?

- Yes
- No

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Item 2: Ownership or Control - Percent of Voting Stock Held

EIN:  
Store / Plant:  
CFN:

**ITEM 2: OWNERSHIP OR CONTROL - PERCENT OF VOTING STOCK HELD**

What percent of voting stock was held by the owning or controlling company?

- Less than 50%
- 50%

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Item 2: Ownership or Control - Company Information

EIN:  
Store / Plant:  
CFN:

**ITEM 2: OWNERSHIP OR CONTROL - COMPANY INFORMATION**

What is the name, address, and 9-digit Employer Identification Number (EIN) of the owning or controlling company?

Name of owning or controlling company		
<input type="text"/>		
Home office address (Number and street)		
<input type="text"/>		
City, town, village, etc.	State	ZIP Code
<input type="text"/>	Select State or Territory <input type="button" value="▼"/>	99999-9999
EIN		
99-9999999		

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Item 3: Operational Status

EIN:  
Store / Plant:  
CFN:

**ITEM 3: OPERATIONAL STATUS**

Which of the following best describes this establishment's operational status at the end of 2017?

- In operation
- Temporarily or seasonally inactive
- Ceased operation
- Sold or leased to another operator
- Other

Describe

**CEASED OPERATION OR SOLD OR LEASED INFORMATION**

If this establishment ceased operation or was sold or leased to another operator, what was the date?

MMDYYYY

MMDYYYY

If this establishment was sold or leased to another operator, what is the name, address, and 9-digit Employer Identification Number (EIN) of this establishment's new owner or operator?

Name of new owner/operator

Mailing Address (Number and Street, P.O. Box, etc.)

City, town, village, etc.

State

Select State or Territory

ZIP Code

99999-9999

EIN

99-9999999

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Item 4: Months in Operation

EIN:  
Store / Plant:  
CFN:

**ITEM 4: MONTHS IN OPERATION**

What was the number of months in operation during 2017?

Check  
if  
None

2017

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### Consolidating Data for Multiple Locations

EIN:  
Store / Plant:  
CFN:

#### CONSOLIDATING DATA FOR MULTIPLE LOCATIONS

If multiple physical locations (establishments) operate under EIN , report on a **consolidated** basis (sum the total of each location and combine) for:

- Item 5: Sales, Shipments, Receipts, or Revenue
- Item 7: Employment, Annual Payroll, and First Quarter Payroll
- Item 22: Detail of Sales, Shipments, Receipts, or Revenue
- Item 28: Special Inquiries - questions vary by survey (if applicable)

Other Item Questions should be reported **individually** for just this location.

- At the end of the Survey, after Remarks, Item 32: Number of Establishments will ask for the number of locations operated under this EIN. Please provide information for **each** establishment **individually**.
  - Name, Store/Plant, Address, Kind of Business
  - Number of Employees; Annual Payroll; First Quarter Payroll; Sales, Shipments, Receipts, or Revenue

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General Reporting Guidelines

EIN:
Store / Plant:
CFN:

GENERAL REPORTING GUIDELINES

Reporting Period

Responses should cover calendar year 2017.

- If your fiscal year covers at least 10 months of calendar year 2017, you may report by fiscal year on all items EXCEPT payroll.
• Calendar year figures for payroll may be available from:
• IRS Form 941 (Employer's Quarterly Federal Tax Return)
• IRS Form 944 (Employer's Annual Federal Tax Return)
• If you report by fiscal year, indicate the exact dates of the fiscal year on the submission certification screen.

Providing Estimates

If book figures are not available, estimates are acceptable.

How to Report Dollar Figures:

Dollar figures should be rounded to thousands of dollars.

EXAMPLE - if a dollar figure is \$2,036,355.25, report 2036:

Check if None

2017
\$ 2036 ,000.00

EXAMPLE - if a dollar figure is "0" (or less than \$500.00), check the None box:

Check if None

2017
\$ ,000.00

How to Report Percents:

Percents should be rounded to whole percents.

EXAMPLE - if figure is 38.76% of total sales, report 39:

2017
39 %

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Item 5: Sales, Shipments, Receipts, or Revenue Additional Information

EIN:  
Store / Plant:  
CFN:

**ITEM 5: SALES, SHIPMENTS, RECEIPTS, OR REVENUE**

What were the total operating receipts?  
For further clarification, click the "Additional Information" link above.

Check if None

2017  
\$  ,000.00

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Item 7: Employment and Payroll Additional Information

EIN:
Store / Plant:
CFN:

ITEM 7: EMPLOYMENT AND PAYROLL

Include:

- Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN)

Exclude:

- Temporary staffing obtained from a staffing service
Contractors, subcontractors, or independent contractors
Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN
Purchased or managed services, such as janitorial, guard, or landscape services
Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services

For further clarification, click the "Additional Information" link above.

A. Employment

Form for question A: What was the number of employees for pay period including March 12? Includes a 'Check if None' checkbox and a text input field for the year 2017.

B. Payroll before deductions
(Exclude employer's cost for fringe benefits.)

Form for question B: 1. What was the annual payroll? 2. What was the first quarter payroll (January-March 2017)? Includes 'Check if None' checkboxes and input fields for 2017 payroll amounts.

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Item 17A: Principal Business or Activity

EIN:  
Store / Plant:  
CFN:

**ITEM 17A: PRINCIPAL BUSINESS OR ACTIVITY**

Which ONE of the following best describes this establishment's principal kind of business or activity in 2017?  
If none of the provided selections seem appropriate, provide a specific description of the primary business activity.  
**Select only ONE.**

**Physician services (Include physicians with the degree of M.D., D.O., O.D., D.C., D.P.M., D.M.D., D.D.S., or D.D.Sc.)**

- 621111 009  Physician(s), excluding mental health specialists  
(Include practitioner(s) engaged in the practice of general or specialized medicine and/or surgery.)
- 621111 008  Emergency room (ER) physicians
- 621112 001  Psychiatrist(s) or other mental health physician(s)
- 621111 005  Ophthalmologist(s)
- 621320 002  Doctor(s) of Optometry
- 621391 001  Podiatrist(s)
- 621210 001  Dentist(s) or other specialty dental practitioner(s) having D.M.D., D.D.S., or D.D.Sc. degree, including orthodontists, endodontists, oral and maxillofacial surgeons, etc.

**Other health practitioners**

- 621310 001  Chiropractor(s)
- 621330 006  Mental health practitioner(s), including psychologists, psychiatric social workers, clinical psychologists, neuropsychologists, and psychotherapists NOT having M.D. or D.O. degree
- 621330 005  Counseling services provided by mental health practitioners
- 621340 201  Physical therapist(s)
- 621340 203  Occupational therapist(s)
- 621399 006  Massage therapist(s)
- 621340 103  Speech-language pathologist(s)
- 621340 102  Audiologist(s)
- 621399 00B  Physician assistant(s) (PA)
- 621399 003  Certified registered nurse anesthetist(s)
- 621399 005  Advanced practicing registered nurse(s) (APRN)
- 621399 008  Licensed practical and licensed vocational nurse(s)
- 621399 00C  Nurse practitioner(s) (NP)
- 621399 00D  Midwife/midwives
- 621399 00E  Naturopathic physician(s) (N.D.)
- 621399 001  Orthotist(s) and/or prosthetist(s)
- 621399 002  Perfusionist(s)
- 621399 004  Dietician(s)

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621399 00F  Nutritionist(s)

621399 00G  Acupuncturist(s)

#### Outpatient care facilities and medical and diagnostic laboratories

621498 00B  Multi-service clinic - services provided by physicians (with a degree of M.D. or D.O.) and at least one additional category of health practitioners such as dentists, therapists, optometrists, chiropractors, podiatrists or other health practitioners

621512 001  Diagnostic imaging center - providing a variety of imaging services such as CT-scan (computer tomography), X-ray, ultrasound, and MRI (magnetic resonance imaging)

621511 001  Medical laboratory - providing professional analytic or diagnostic services to the medical profession, or to the patient on prescription of a physician

621493 001  Ambulatory surgical center

621493 002  Emergency or urgent care center

621410 001  Family planning center, including abortion and birth control clinics, fertility clinics, and pregnancy counseling centers

621498 005  Radiation therapy center

621498 006  Infusion center

621498 007  Pain management centers and clinics

621498 002  Sleep disorder center or clinic

621498 004  Provider of medical services to inmates

621420 002  Alcohol and/or substance abuse treatment clinic

621420 009  Addiction treatment center

#### Hospital and medical service plans and medical service arrangers and managers

561110 002  Administrative intermediary managing contractual arrangements and payments between health care providers and sponsors of medical insurance and prepaid health plans

541219 005  Billing or medical payment business office

621999 101  Medical case management - assesses, plans, implements, coordinates, monitors, and evaluates options and services to meet an individual's health care needs to provide quality and cost-effective outcomes

524114 007  Management office of a health insurer or health maintenance organization engaged in arranging for hospital, medical, and other health services in return for a fixed periodic premium from subscribers

#### Other principal business or activity

446199 007  Hearing aid sales

446130 006  Optical goods sales

446130 002  Optician

773000 001  Other principal business or activity - Describe

Describe

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Item 17B: Type of Operation

EIN:  
Store / Plant:  
CFN:

**ITEM 17B: TYPE OF OPERATION**

**Services at a retail health clinic**

Was this establishment involved in the operation of a retail health clinic in 2017?

Yes

No

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Item 22: Detail of Sales, Shipments, Receipts, or Revenue

EIN:  
 Store / Plant:  
 CFN:

**ITEM 22: DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE**

Of the **\$,000.00** of Sales, Shipments, Receipts, or Revenue reported in **Item 5**, what products and services were included?  
**Select ALL that apply.**

Select the line(s) for products and services provided to patients and paid by individuals, government programs (e.g., Medicare, Medicaid), and insurance and health plans. Practitioners receiving payments for health services NOT billed separately (i.e., capitation fees and percentages of department billings) should select all applicable lines and estimate their receipts by service category on the next screen.

Description	Select	Product Code
1. Patient care, related to ICD-10 major category, based on primary diagnosis More	<input type="checkbox"/>	7004125000
a. Certain infectious and parasitic diseases (A00-B99)	<input type="checkbox"/>	7004125003
b. Neoplasms (tumors) (C00-D49)	<input type="checkbox"/>	7004125006
c. Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)	<input type="checkbox"/>	7004125009
d. Endocrine, nutritional and metabolic diseases, and immunity disorders (E00-E89)	<input type="checkbox"/>	7004125012
e. Mental, behavioral and neurodevelopmental disorders (F01-F99)	<input type="checkbox"/>	7004125015
f. Diseases of the nervous system (G00-G99)	<input type="checkbox"/>	7004125018
g. Diseases of the eye and adnexa (H00-H59)	<input type="checkbox"/>	7004125021
h. Diseases of the ear and mastoid process (H60-H95)	<input type="checkbox"/>	7004125024
i. Diseases of the circulatory system (I00-I99)	<input type="checkbox"/>	7004125027
j. Diseases of the respiratory system (J00-J99)	<input type="checkbox"/>	7004125031
k. Diseases of the digestive system (K00-K95)	<input type="checkbox"/>	7004125033
l. Diseases of the skin and subcutaneous tissue (L00-L99)	<input type="checkbox"/>	7004125036
m. Diseases of the musculoskeletal system and connective tissue (M00-M99)	<input type="checkbox"/>	7004125039
n. Diseases of the genitourinary system (reproductive and urinary system organs) (N00-N99)	<input type="checkbox"/>	7004125042
o. Pregnancy, childbirth and the puerperium (O00-O9A)	<input type="checkbox"/>	7004125045

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p. Certain conditions originating in the perinatal period (infant) (P00-P96)	<input type="checkbox"/>	7004125048
q. Congenital (present at birth) malformations, deformations and chromosomal abnormalities (Q00-Q99)	<input type="checkbox"/>	7004125051
r. Symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)	<input type="checkbox"/>	7004125054
s. Injury, poisoning and certain other consequences of external causes (S00-T88)	<input type="checkbox"/>	7004125057
t. External causes of morbidity (V00-Y99)	<input type="checkbox"/>	7004125061
u. Factors influencing health status and contact with health services (Z00-Z99)	<input type="checkbox"/>	7004125064
2. Home physical, occupational, and speech therapy services More	<input type="checkbox"/>	7004525000
3. Rental and leasing of office and professional space More	<input type="checkbox"/>	7006325000
4. Rental and leasing of commercial space More	<input type="checkbox"/>	7006375000
5. Rental of commercial medical equipment, without operator More	<input type="checkbox"/>	7009125000
6. Rental of home health care equipment More	<input type="checkbox"/>	7004100000
7. Copying and reproduction services More	<input type="checkbox"/>	7014775000
8. Meals, snacks, other food items, and nonalcoholic beverages, prepared and served or dispensed, for immediate consumption More	<input type="checkbox"/>	7000025000
9. Retail sales of medicines, vitamins, minerals, and supplements	<input type="checkbox"/>	5001350000
10. Retail sales of home health care equipment and supplies (Include hearing aids, prosthetic or orthopedic equipment and appliances (except shoes), first aid products, wheelchairs, etc.)	<input type="checkbox"/>	5001375000
11. Retail sales of glasses and contact lenses	<input type="checkbox"/>	5001400000

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Item 22: Detail of Sales, Shipments, Receipts, or Revenue - Continued

EIN:  
 Store / Plant:  
 CFN:

**ITEM 22: DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE**

Of the **\$,000.00** of Sales, Shipments, Receipts, or Revenue reported in **Item 5**, what was the value for each product or service?

Report receipts from individuals, government programs (e.g., Medicare, Medicaid), and insurance and health plans for providing medical goods and services to patients. Practitioners receiving payments for health services NOT billed separately (i.e., capitation fees and percentages of department billings) should estimate their receipts by service category.

Description	Value	Product Code
<b>1. Patient care, related to ICD-10 major category, based on primary diagnosis</b> <a href="#">More</a>		
a. Certain infectious and parasitic diseases (A00-B99)	\$ <input type="text"/> ,000.00	7004125003
b. Neoplasms (tumors) (C00-D49)	\$ <input type="text"/> ,000.00	7004125006
c. Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)	\$ <input type="text"/> ,000.00	7004125009
d. Endocrine, nutritional and metabolic diseases, and immunity disorders (E00-E89)	\$ <input type="text"/> ,000.00	7004125012
e. Mental, behavioral and neurodevelopmental disorders (F01-F99)	\$ <input type="text"/> ,000.00	7004125015
f. Diseases of the nervous system (G00-G99)	\$ <input type="text"/> ,000.00	7004125018
g. Diseases of the eye and adnexa (H00-H59)	\$ <input type="text"/> ,000.00	7004125021
h. Diseases of the ear and mastoid process (H60-H95)	\$ <input type="text"/> ,000.00	7004125024
i. Diseases of the circulatory system (I00-I99)	\$ <input type="text"/> ,000.00	7004125027
j. Diseases of the respiratory system (J00-J99)	\$ <input type="text"/> ,000.00	7004125031
k. Diseases of the digestive system (K00-K95)	\$ <input type="text"/> ,000.00	7004125033
l. Diseases of the skin and subcutaneous tissue (L00-L99)	\$ <input type="text"/> ,000.00	7004125036
m. Diseases of the musculoskeletal system and connective tissue (M00-M99)	\$ <input type="text"/> ,000.00	7004125039
n. Diseases of the genitourinary system (reproductive and urinary system organs) (N00-N99)	\$ <input type="text"/> ,000.00	7004125042
o. Pregnancy, childbirth and the puerperium (O00-O9A)	\$ <input type="text"/> ,000.00	7004125045
p. Certain conditions originating in the perinatal period (infant) (P00-P96)	\$ <input type="text"/> ,000.00	7004125048

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<b>q.</b> Congenital (present at birth) malformations, deformations and chromosomal abnormalities (Q00-Q99)	\$	<input type="text"/>	,000.00	7004125051
<b>r.</b> Symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)	\$	<input type="text"/>	,000.00	7004125054
<b>s.</b> Injury, poisoning and certain other consequences of external causes (S00-T88)	\$	<input type="text"/>	,000.00	7004125057
<b>t.</b> External causes of morbidity (V00-Y99)	\$	<input type="text"/>	,000.00	7004125061
<b>u.</b> Factors influencing health status and contact with health services (Z00-Z99)	\$	<input type="text"/>	,000.00	7004125064
<b>Subtotal</b>	\$	<input type="text"/>	,000.00	7004125000
<b>2.</b> Home physical, occupational, and speech therapy services <a href="#">More</a>	\$	<input type="text"/>	,000.00	7004525000
<b>3.</b> Rental and leasing of office and professional space <a href="#">More</a>	\$	<input type="text"/>	,000.00	7006325000
<b>4.</b> Rental and leasing of commercial space <a href="#">More</a>	\$	<input type="text"/>	,000.00	7006375000
<b>5.</b> Rental of commercial medical equipment, without operator <a href="#">More</a>	\$	<input type="text"/>	,000.00	7009125000
<b>6.</b> Rental of home health care equipment <a href="#">More</a>	\$	<input type="text"/>	,000.00	7004100000
<b>7.</b> Copying and reproduction services <a href="#">More</a>	\$	<input type="text"/>	,000.00	7014775000
<b>8.</b> Meals, snacks, other food items, and nonalcoholic beverages, prepared and served or dispensed, for immediate consumption <a href="#">More</a>	\$	<input type="text"/>	,000.00	7000025000
<b>9.</b> Retail sales of medicines, vitamins, minerals, and supplements	\$	<input type="text"/>	,000.00	5001350000
<b>10.</b> Retail sales of home health care equipment and supplies (Include hearing aids, prosthetic or orthopedic equipment and appliances (except shoes), first aid products, wheelchairs, etc.)	\$	<input type="text"/>	,000.00	5001375000
<b>11.</b> Retail sales of glasses and contact lenses	\$	<input type="text"/>	,000.00	5001400000
<b>12.</b> All other products and services, not elsewhere classified				
<b>a.</b> All other products and services, not elsewhere classified - write-in #1				
<input type="text" value="Pick one"/> <input type="button" value="▼"/> <input type="text" value="Describe"/>	\$	<input type="text"/>	,000.00	9000000003
<b>b.</b> All other products and services, not elsewhere classified - write-in #2				
<input type="text" value="Pick one"/> <input type="button" value="▼"/> <input type="text" value="Describe"/>	\$	<input type="text"/>	,000.00	9000000006
<b>c.</b> All other products and services, not elsewhere classified - write-in #3				
<input type="text" value="Pick one"/> <input type="button" value="▼"/> <input type="text" value="Describe"/>	\$	<input type="text"/>	,000.00	9000000009
<input type="button" value="Add Additional Products"/>				
<b>TOTAL - Sum of lines should equal total Sales, Shipments, Receipts, or Revenue reported in Item 5</b>	\$	<input type="text"/>	,000.00	9900000000

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Item 26: Business Cooperative

EIN:  
Store / Plant:  
CFN:

**ITEM 26: BUSINESS COOPERATIVE**

A cooperative is a business or organization owned by, controlled by, and operated for the benefit of members using its services. Members (also known as user-owners) can be individuals or organizations, and benefit from the use of services, products, and/or earnings generated by the co-op. This includes purchasing co-ops, member/patron organizations, member-controlled non-profits, consumer co-ops, marketing co-ops, worker co-ops, etc.

Is this establishment a cooperative?

Yes

No

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Item 28: Special Inquiries - Type of Payer

EIN:
Store / Plant:
CFN:

ITEM 28: SPECIAL INQUIRIES - TYPE OF PAYER

1. Net patient care revenue - Using net patient revenues, report your sources of revenue in each of the below categories.

Include the value of total patient care revenue collected for the reporting period. This figure should be reported net of any negotiated discounts and write-downs for bad debt.

Exclude non-patient care revenue such as grants, subsidies, contributions, philanthropy, and sales from gift shops, cafeteria and parking lot receipts.

a. Government payers (Include Federal, State, or Local) - Report revenues from the following sources:

2017
\$ [ ] ,000.00

1. Medicare - Fee for service and managed care plans

\$ [ ] ,000.00

2. Medicaid - Fee for service and managed care plans

\$ [ ] ,000.00

3. Workers' compensation

4. All other Federal, State, or Local government programs including but not limited to Children's Health Insurance Program (CHIP), Department of Defense (DOD), Civilian Health and Medical Programs of the Department of Veterans Affairs (CHAMPVA), TRICARE, Substance Abuse and Mental Health Services Administration (SAMHSA), and Indian Health Services (IHS).

\$ [ ] ,000.00

b. Revenue from health care providers, including hospitals, health practitioners, outpatient care facilities, etc.

\$ [ ] ,000.00

c. Private insurance

1. Private health insurance - Include revenue from medical plans administered by private insurers, including employer sponsored and other group plans.

\$ [ ] ,000.00

2. Property and casualty insurance - Include revenue from auto and homeowners' insurance and other accident/liability insurance. Exclude workers' compensation insurance.

\$ [ ] ,000.00

d. Patient out of pocket from patients and their families - Include all deductibles and co-insurance from private health insurance, Medicare, Medicaid and other public programs paid by the beneficiary or the family of the beneficiary and payments from or on behalf of uninsured patients.

\$ [ ] ,000.00

e. All other sources of revenue for patient care - Include all other sources of revenue for patient care not included in lines 1a1 through 1d.

\$ [ ] ,000.00

Describe

2. Non-Patient Care Revenue

a. Contributions, gifts, and grants received

2017
\$ [ ] ,000.00

b. Investment and property income - Include interest and dividends. Exclude gains (losses) from assets sold.

\$ [ ] ,000.00

c. Revenue from health care providers (health practitioners, hospitals, outpatient care facilities, and all other health care practitioners) for non-patient care services provided. Include revenue for medical administration and other administrative services, incentive payments, management fees, medical director fees, etc.

\$ [ ] ,000.00

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d. All other non-patient care revenue - **Include** other operating and non-operating revenue (e.g., gift shop sales, cafeteria sales, parking lot receipts, florist receipts).

\$  ,000.00

Describe

3. TOTAL REVENUE - Sum of lines 1a1 through 2d

2017  
\$  ,000.00

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Item 28: Special Inquiries - Patient Care

EIN:  
Store / Plant:  
CFN:

**ITEM 28: SPECIAL INQUIRIES - PATIENT CARE**

Estimate the percentage of patient care reported in **Item 22**, line 1, from:

	2017	%
1. Visits and consultations - evaluation and management services	<input type="text"/>	<input type="text"/>
2. Surgical interventions - treatment of disease, injury, or deformity by surgery	<input type="text"/>	<input type="text"/>
3. Non-surgical interventions - treatment of disease, injury, or deformity except by surgery	<input type="text"/>	<input type="text"/>
4. Anesthesia services	<input type="text"/>	<input type="text"/>
5. Laboratory services paid by individuals, insurers, or government payers, such as Medicare and Medicaid	<input type="text"/>	<input type="text"/>
6. Laboratory services paid by other health care providers	<input type="text"/>	<input type="text"/>
7. Diagnostic imaging services paid by individuals, insurers, or government payers, such as Medicare and Medicaid	<input type="text"/>	<input type="text"/>
8. Diagnostic imaging services paid by other health care providers	<input type="text"/>	<input type="text"/>
9. Other, including health facility services, such as provisions of space and equipment, meals, nursing care, etc.	<input type="text"/>	<input type="text"/>
10. <b>TOTAL</b> (Sum of lines 1 through 9 should equal 100%.)	<input type="text"/>	<input type="text"/>

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Item 28: Special Inquiries - Personnel by Occupation

EIN:
Store / Plant:
CFN:

ITEM 28: SPECIAL INQUIRIES - PERSONNEL BY OCCUPATION

Enter employment reported on IRS Form 941, Employer's Quarterly Federal Tax Return, by occupational category in column 1. The total of column 1 should equal the number reported in Item 7, line A.

Enter each active proprietor or partner by occupational category in column 2. Only the proprietor or partners not considered employees of the firm for federal tax purposes should be included. Unincorporated practices operating at more than one location should report the proprietor or partners at the one location at which they spend most of their working time.

Table with 3 columns: Occupational Category, Number of employees for pay period including March 12, 2017, and Number of active proprietors or partners for pay period including March 12, 2017. Rows include categories like Doctors/Physicians, Osteopathic physicians, Chiropractic physicians, etc.

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16. Dieticians	<input type="text"/>	<input type="text"/>
17. All other health practitioners	<input type="text"/>	<input type="text"/>
18. All other employees (Include management and administrative staff.)	<input type="text"/>	<input type="text"/>
19. <b>TOTAL</b> (Sum of lines 1 through 18, for employees, should equal <b>Item 7</b> , line A.)	<input type="text"/>	<input type="text"/>

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Item 28: Special Inquiries - Measures of Clinical Performance

EIN:  
Store / Plant:  
CFN:

**ITEM 28: SPECIAL INQUIRIES - MEASURES OF CLINICAL PERFORMANCE**

1. Who sees your organization's measures of clinical performance?

*Measures of clinical performance include counts, incidence rates, and other measures of specific clinical processes and outcomes.*

**Select ALL that apply.**

Managers

Employees (non-managers)

Patients and their responsible parties

On public display

2. Who chooses which measures of clinical performance to collect?

**Select ALL that apply.**

Managers at this establishment

Managers at other establishments and/or headquarters

Board of Directors

Insurance providers

Government regulators or agencies

3. How frequently did senior management at this organization review the measures of clinical performance?

Yearly or quarterly

Monthly or weekly

Daily or more often

Never

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Item 31: Remarks

EIN:  
Store / Plant:  
CFN:

**ITEM 31: REMARKS**

Please use this space for any explanations that may be essential in understanding your reported data. (Maximum length is 1,000 characters.)

You have  characters remaining

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Item 32: Number of Establishments

EIN:  
Store / Plant:  
CFN:

### ITEM 32: NUMBER OF ESTABLISHMENTS

	2017
How many establishments operated under EIN at the end of 2017?	<input type="text"/>

**If more than one establishment:**

- Offices which are not staffed on a full-time basis by at least one employee covered by this EIN should not be considered separate establishments. Include data for these offices with data reported for the headquarters location. Practitioners whose main practice is outside the hospital (clinic), but whose practice necessitates using hospital facilities, should not consider the hospital (clinic) as a separate location (e.g., a surgeon with a private practice who utilizes hospital facilities). Practitioners who practice solely from hospitals or other medical facilities (e.g., anesthesiologists, physical therapists) should not consider these facilities as separate office locations.

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Item 32: Number of Establishments - Establishment Information

EIN:  
Store / Plant:  
CFN:

**ITEM 32: NUMBER OF ESTABLISHMENTS - ESTABLISHMENT INFORMATION**

Name		
<input type="text"/>		
Secondary Name	Store/Plant	
<input type="text"/>	<input type="text"/>	
Number and Street		
<input type="text"/>		
City, town, village, etc.	State	ZIP Code
<input type="text"/>	Select State or Territory <input type="button" value="v"/>	99999-9999
Describe kind of business at this location		
<input type="text"/>		

For employees that worked at more than one location, report the employment and payroll data for employees at the ONE location where they spent most of their working time.

What was the number of employees for pay period including March 12?	2017	<input type="text"/>
What was the annual payroll?	2017	\$ <input type="text"/> ,000.00
What was the first quarter payroll (January - March 2017)?	2017	\$ <input type="text"/> ,000.00
What were the sales, shipments, receipts, or revenue?	2017	\$ <input type="text"/> ,000.00

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